Items 18&21 Film G158 9-18-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08087

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp't.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GENEVIE (Middle) B. (Last) DIXON
4. DATE OF DEATH (Month) Aug. (Day) 18 (Year) 1953
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 1-1930
9. AGE last birthday 22 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert F. Bowser
14. MOTHER'S MAIDEN NAME Caroline Monk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-26-7129
17. INFORMANT AND ADDRESS Annie Hodis - Aberdeen, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Findings of autopsy:

954 X Immediate cause
1) (a) Surgical absence of right upper lobe of lung
2) Pulmonary edema and hyperemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
3) (b) Nodular thyroid
4) Myocarditis; minimal
(c) DIAGNOSIS:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. This is anesthetic death due to therapeutic misadventure

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) 12 (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 18 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Syncope during anesthesia by sodium pentothal and curare

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Joseph A. Jachimczyk (Degree or title) M.D. ADDRESS Asst. Medical Examiner 700 Fleet St. DATE SIGNED 8-18-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 22-1953
NAME OF CEMETERY OR CREMATORY Union M.E. Cemetery
LOCATION (City, town, or county) Aberdeen (State) Maryland
DATE REC'D BY LOCAL REG. Aug. 21-1953
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR John G. Tarring ADDRESS Aberdeen Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-15A

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air, Rural X — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural X
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) W. (Last) Gibson

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1953

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: May 19 1886 — 9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: Dairy — 11. BIRTHPLACE (State or foreign country): Harford Co. Md. — 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel Gibson — 14. MOTHER'S MAIDEN NAME: Priscilla Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No — 16. SOCIAL SECURITY NO. No — 17. INFORMANT AND ADDRESS: Miss Adah Gibson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound of brain, self inflicted 976.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) Bel Air — (COUNTY) Harford — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 7, 1953 2 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Shot self

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gerald C. Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md 8/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: August 9, 1953 — NAME OF CEMETERY OR CREMATORY: Rock Run Cem — LOCATION (City, town, or county): Harford Co. — (State): Md.

DATE REC'D BY LOCAL REG: Aug 8 1953 — REGISTRAR'S SIGNATURE: Priscilla Fourwood — 24. FUNERAL DIRECTOR: H. D. Bailey — ADDRESS: Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

08089

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE 35
LENGTH OF STAY (in this place) 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE 35
STREET ADDRESS (If rural, give location) 420 S. WASHINGTON

3. NAME OF DECEASED (Type or Print) (First) EVA (Middle) D (Last) GORDON

4. DATE OF DEATH (Month) August (Day) 25 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 11-30-1895
9. AGE last birthday 57 yrs. If under 1 year Months 8 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DORCE GORSUCH
14. MOTHER'S MAIDEN NAME Edith Dinsmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Hatcher D. Gordon, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

410X Immediate cause (a) Rheumatic Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral & Aortic Insufficiency

(c) Chronic Passive Congestion of Viscera

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 19, 1953 to Aug 25 1953 that I last saw the deceased alive on Aug 25, 1953 and that death occurred at 1:55 A.m., from the causes and on the date stated above.

SIGNATURE William [signature] (Degree or title) MD. ADDRESS 700 Fleet St. Baltimore DATE SIGNED Aug 25, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/27/53
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. AUG. 27, 1953
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR [signature] & Son ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood R.D. X
LENGTH OF STAY (in this place) 35 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood R.D. X
STREET ADDRESS (If rural, give location) Emmorton

3. NAME OF DECEASED (Type or Print) (First) AMOS (Middle) (Last) GROSS

4. DATE OF DEATH (Month) August (Day) 15 (Year) 1953

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May,10,1893
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10b. KIND OF BUSINESS OR INDUSTRY Home Construction
11. BIRTHPLACE (State or foreign country) Penna., 35
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Amos L. Gross
14. MOTHER'S MAIDEN NAME Annie E. Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Ethel Gross, Edgewood, R.D. Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976X Immediate cause (a) Gunshot wound chest, self inflicted — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Edgewood (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8/15/53 6.4 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 8/15/53
Gerald C Palmer M.D. Deputy Medical Examiner Harford Co Bel Air Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug.17,1953
NAME OF CEMETERY OR CREMATORY Mt. Carmel, Emmorton
LOCATION (City, town, or county) (State) Emmorton, Harford, Md.

DATE REC'D BY LOCAL REG. Aug 17, 1953
REGISTRAR'S SIGNATURE Marie M Monsdale
24. FUNERAL DIRECTOR ADDRESS Howard K. Mc Comas & Son, Abingdon, Md.,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1954

RECEIVED
AUG 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 15 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen, Md. X
STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) H (Last) Hall
4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Jan 7 1877
9. AGE last birthday: 76 7 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME: Joseph H. Hall
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-22-05419
17. INFORMANT AND ADDRESS: Roberta Thomas - Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 7 days

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive - arteriosclerotic heart disease — —

(c) Renal Insufficiency — —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia — 9 days

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1953, to Aug 13, 1953, that I last saw the deceased alive on Aug. 13, 1953, and that death occurred at 10 35 A m., from the causes and on the date stated above.

SIGNATURE: George T. Stansbury (Degree or title) M.D. — ADDRESS: Havre de Grace, Maryland — DATE SIGNED: 8/13/53

23. BURIAL, CREMATION OR MOVAL (Specify): Burial — DATE THEREOF: Aug. 17-1953 — NAME OF CEMETERY OR CREMATORY: Union M.L. Cemetery — LOCATION (City, town, or county) (State): Aberdeen, Maryland.

DATE REC'D BY LOCAL REG.: Aug. 17-1953 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: John G. Farring — ADDRESS: Aberdeen, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 420.0

RECEIVED
AUG 18 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WHITEFORD Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X
STREET ADDRESS (If rural, give location) WHITEFORD Rd.

3. NAME OF DECEASED (Type or Print) (First) Elwood (Middle) M. (Last) Harrison

4. DATE OF DEATH (Month) August (Day) 18 (Year) 1953

5. SEX MALE

6. COLOR OR RACE WHITE

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH SEPT 3, 1882

9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY OWN FARM

11. BIRTHPLACE (State or foreign country) HARFORD Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME AMOS D. HARRISON

14. MOTHER'S MAIDEN NAME ISABEL CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Leslie Harrison, Whiteford Rd., Maryland

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 974 X (a) Suicide by hanging

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) Whiteford (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 8/18/53 9A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Hanged self.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide X, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air, Md. 8/18/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF 8-20-53 NAME OF CEMETERY OR CREMATORY FAWN GROVE LOCATION (City, town, or county) (State) FAWN GROVE, YORK Co. PENNA.

DATE REC'D BY LOCAL REG. 8/19/53 REGISTRAR'S SIGNATURE Priscilla Fonwood. 24. FUNERAL DIRECTOR Kenneth W Cushman, ADDRESS Stewartstown Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115A

RECEIVED
AUG 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PYLESVILLE (in this place) RURAL
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL PYLESVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARITY (Middle) ENFIELD (Last) HEATON

4. DATE OF DEATH: (Month) AUG. (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: MAY 23, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): PENNA. 3

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JAMES A. ENFIELD

14. MOTHER'S MAIDEN NAME: RACHEAL FLETCHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. John Parker Pylesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

176X

Immediate cause (a) Carcinoma of Vulva with

DUE TO

Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. Metastisis generalized.

DUE TO (c)

Interval Between Onset And Death: 4 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Aug 22, 1953, that I last saw the deceased alive on Aug 22, 1953, and that death occurred at 1:40 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) William Fulton M.D. ADDRESS Stewartstown Pa DATE SIGNED 8-23-53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 8-26-53 NAME OF CEMETERY OR CREMATORY ST. PAUL METH. LOCATION (City, town, or county) (State) PYLESVILLE, HARFORD Co., Md.

DATE REC'D BY LOCAL REGISTRAR 8/25/53 REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR Kenneth W. Graham ADDRESS Stewartstown Pa

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fallston, Rural X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Fallston, P.O.
STREET ADDRESS (If rural give location) Pleasantville, X

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Bell (Last) Hancock
4. DATE OF DEATH: (Month) (Day) (Year) 11 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): NARE
8. DATE OF BIRTH: Oct. 22, 1881
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Natters
14. MOTHER'S MAIDEN NAME: Annie M. Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Hobart Scarborough

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Thrombosis,
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr Cardio-Vascular disease
DUE TO
(c)

Interval Between Onset And Death: Sudden

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1953, to Aug 11, 1953, that I last saw the deceased alive on Aug 10, 1953, and that death occurred at 2:00 a.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Willard P. Hudson M.D. ADDRESS Forest Hill DATE SIGNED Md 8/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 13, 1953
NAME OF CEMETERY OR CREMATORY Friendship Methodist
LOCATION (City, town, or county) Fallston Hfd (State) Md
DATE REC'D BY LOCAL REGISTRAR 8/11/53
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR U H Archer-Benson Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Bel Air X
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.D. #1 Havre de Grace
STREET ADDRESS (If rural give location) Earlton Road X

3. NAME OF DECEASED: (Type or Print) (First) Eugene (Middle) Lee (Last) Hughes

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan 26, 1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired Watchman
10b. KIND OF BUSINESS OR INDUSTRY: B & O Railroad
11. BIRTHPLACE (State or foreign country): Harford County, Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Hollis Amos Hughes
14. MOTHER'S MAIDEN NAME: Hanna Adams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 705-10-2137
17. INFORMANT & ADDRESS: Mrs. John C. Loudon Emmorton Rd. Bel Air, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

Immediate cause (a) Carcinoma of liver (Tapie) — Interval Between Onset And Death: unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c) ✓

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1953, to Aug 27 1953 that I last saw the deceased alive on Aug 27, 1953 and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. Snodgrass M.W.
ADDRESS Darlington Md
DATE SIGNED 8/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 30 1953
NAME OF CEMETERY OR CREMATORY Rock Run Cemetery
LOCATION (City, town, or county) Harford County (State) Md
DATE REC'D BY LOCAL REGISTRAR 8/29/53
REGISTRAR'S SIGNATURE Priscilla Tourwood
24. FUNERAL DIRECTOR R. Madison Mitchell
ADDRESS Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
SEP 74 1973
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Aberdeen~~ Havre de Grace.
STREET ADDRESS (If rural, give location) Cheap. Motor Courts

3. NAME OF DECEASED (Type or Print) (First) HENRY (Middle) Howard (Last) KING
4. DATE OF DEATH (Month) Aug. (Day) 31 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7/18/1906
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Representative
10b. KIND OF BUSINESS OR INDUSTRY General Motors
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Harry N. King
14. MOTHER'S MAIDEN NAME Carrie Wallace.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)
16. SOCIAL SECURITY NO. 305-03-4323
17. INFORMANT AND ADDRESS Irene F. King - Havre de Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Myocardial infarction due to Coronary thrombosis-coronary sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R S Fisher (Degree or title) Chief Medical Examiner ADDRESS 700 Fleet St.-Balto. 2, Md. DATE SIGNED 8/31/53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept. 1-1953
NAME OF CEMETERY OR CREMATORY Washington Park
LOCATION (City, town, or county) Indianapolis (State) Ind.

DATE REC'D BY LOCAL REG. Sept 1-1953
REGISTRAR'S SIGNATURE Lulu R. Perry
24. FUNERAL DIRECTOR John G. Farring ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 4-53

M

1

T

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air X
STREET ADDRESS (If rural, give location) R.D. # 2

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) E. (Last) Kregar.

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3/4/82

9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Va Grayson Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Kregar

14. MOTHER'S MAIDEN NAME: Nannie Kregar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Rose Etta Kregar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
831 X Immediate cause	(a) Cerebral Hemorrhage	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of Femur, left side	3 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 8-11-8-12-8-13-53

19b. MAJOR FINDINGS OF OPERATION: Steinmann Pin - Bilateral trephine - Tracheotomy

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident - PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm (CITY OR TOWN): Bel Air (COUNTY): Harford (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 8 - 11-53-5 P. m.

INJURY OCCURRED While at Work X Not While At work ☐

HOW DID INJURY OCCUR? Run over by Tractor

22. I hereby certify that I attended the deceased from 8-11-, 1953, to 8-14, 1953, that I last saw the deceased alive on 8-14, 1953, and that death occurred at 4:35 P. m., from the causes and on the date stated above.

SIGNATURE: Joseph R. Dolee (Degree or title) MD. ADDRESS: Havre de Grace, Md. DATE SIGNED: 8/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8/18/53 | NAME OF CEMETERY OR CREMATORY: Belair Memorial Gardens | LOCATION (City, town, or county) (State): Belair, Md.

DATE REC'D BY LOCAL REG. 8/18/53 | REGISTRAR'S SIGNATURE: A W Hudson | 24. FUNERAL DIRECTOR: Loring Byers | ADDRESS: 500 S. Main St. Bel Air

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) —	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.	STREET ADDRESS (If rural, give location) 37 Armstrong Pl.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) LAICY			4. DATE OF DEATH (Month) August (Day) 30 (Year) 1953	
5. SEX Male	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH August 30, 1953	9. AGE last birthday — yrs. If under 1 year Months — Days — If under 24 hrs. Hours 3 Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Havre de Grace	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jack Laicy			14. MOTHER'S MAIDEN NAME Betty J. Armstrong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Hosp. Records, Havre de Grace	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Prematurity	3 hr.
776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-30- 1953, to 8-30- 1953, that I last saw the deceased alive on 8-30- 1953, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE Peter P. Rodman (Degree or title) M.D. ADDRESS Aberdeen, Md. DATE SIGNED 8-30-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8/30/53	NAME OF CEMETERY OR CREMATORY Angel Hill	LOCATION (City, town, or county) (State) Havre de Grace Md.
DATE REC'D BY LOCAL REG. Aug. 30-1953	REGISTRAR'S SIGNATURE A. L. Lewis M.D.	24. FUNERAL DIRECTOR [illegible]	ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

RECEIVED
SEP 4 1953
BUREAU V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE — LENGTH OF STAY (in this place) 3½ DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural, give location) STATE MILITARY RESV.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Shirley	L	LAWSON	AUGUST	10	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	White	MARRIED	7-12-1892	61 yrs.	-	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MAINE	U.S.A.

13. FATHER'S NAME: GEORGE P. CARTER
14. MOTHER'S MAIDEN NAME: LEANORA GARVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Mr. Roland C. Hinton, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral Hemorrhage — 2 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis generalized

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/6, 1953, to 8/10, 1953 that I last saw the deceased alive on 8/10, 1953 and that death occurred at 6 05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wm B. Wademan M.D. Havre de Grace 8/10/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	8/10/53	Unknown	Bangor, Maine

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
Aug. 10-1953	C. L. Lewis M.D.	Pennington & Son	Havre de Grace, Md.

RECEIVED
AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Bel Air X
RURAL LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Co. Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Havre de Grace X
STREET ADDRESS (If rural give location) R.D. #2

3. NAME OF DECEASED: (Type or Print) (First) Wade (Middle) Hampton (Last) Lee

4. DATE OF DEATH: (Month) Aug. (Day) 10 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 30 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Canery
11. BIRTHPLACE (State or foreign country): Balto Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Lee
14. MOTHER'S MAIDEN NAME: Hannah Stephenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-18-7846
17. INFORMANT & ADDRESS: Willard E. Anderson - Havre de Grace R.D. #2, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4-2-1 (a) Acute Heart Attack
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocarditis
DUE TO
(c)

Interval Between Onset And Death: Suddenly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1953, to Aug 10, 1953, that I last saw the deceased alive on Aug 8, 1953 and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Snodgrass M.D.
ADDRESS Warrington Harford Md.
DATE SIGNED 8/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-12-53
NAME OF CEMETERY OR CREMATORY Rock Run
LOCATION (City, town, or county) Harford Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 11, 53
REGISTRAR'S SIGNATURE Bertha B. Knight
24. FUNERAL DIRECTOR R. Madison Mitchell - Havre de Grace Md.
ADDRESS

RECEIVED
AUG 17 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Harford County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fallston ,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston,Harford Co.Md.
STREET ADDRESS (If rural, give location) Fallston,Harford Co.,Md.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) D. (Last) Lynch
4. DATE OF DEATH (Month) Aug. (Day) 2nd.,1953 (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 23 1900
9. AGE last birthday 53 yrs. If under 1 year Months 2 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Collector
10b. KIND OF BUSINESS OR INDUSTRY Dairy
11. BIRTHPLACE (State or foreign country) Fallston,Harford Co.Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John D.Lynch
14. MOTHER'S MAIDEN NAME Teresa Dalton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None
16. SOCIAL SECURITY NO. 215-03-2980
17. INFORMANT AND ADDRESS Mrs.Mary E.Lynch-Fallston Harford Co.Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF LUNG (ADVANCED)	17 MONTHS
163X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARDIORESPIRATORY FAILURE	24 HOURS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1951, to 2 AUG, 1953, that I last saw the deceased alive on 1 AUG, 1953, and that death occurred at 12:45 A m., from the causes and on the date stated above.

SIGNATURE H.P. Sidwell (Degree or title) MD ADDRESS Bel Air DATE SIGNED 2 Aug '53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-4-1953
NAME OF CEMETERY OR CREMATORY St Johns,Long Green
LOCATION (City, town, or county) (State) Baltimore Co.Md.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR George J.Ruth,Inc.-1735 Harford Ave.Balto: Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) McCumber

4. DATE OF DEATH: (Month) August (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-11-53

9. AGE last birthday: yrs. — If under 1 year: Months — Days: — If under 24 hrs.: Hours 4 — Min. 47

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marlin McCumber

14. MOTHER'S MAIDEN NAME: Mary Sue Callahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Hosp. Records, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5
Immediate cause (a) Asphyxia Neonatorum — 4½ hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Prematurity — 7 mos.
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11, 1953 to Aug 12, 1953, that I last saw the deceased alive on Aug 12, 1953 and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE: Daniel D. Dolce — (Degree or title) M.D. — ADDRESS Havre de Grace, Md. — DATE SIGNED 8/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/12/53 — NAME OF CEMETERY OR CREMATORY: Mt. Erin — LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: Aug. 12 - 1953 — REGISTRAR'S SIGNATURE: G. L. Lewis M.D. — FUNERAL DIRECTOR: Cummings & Son — ADDRESS: Havre de Grace, Md.

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AUG 14 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
LENGTH OF STAY (in this place) about 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 Lodge Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace
STREET ADDRESS (If rural give location) 206 Lodge Street

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) (Last) Monk
4. DATE OF DEATH: (Month) 8 (Day) 13 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: November 4, 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Month Day IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Contract
11. BIRTHPLACE (State or foreign country): Perryman, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Monk
14. MOTHER'S MAIDEN NAME: Sedney Witmore
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Louis H. Monk, 206 Lodge Street, Havre de Grace, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1953, to March 15, 1953, that I last saw the deceased alive on March 15, 1953, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm L. Waelerman M.D. ADDRESS Havre de Grace, Md DATE SIGNED 8/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/17/53
NAME OF CEMETERY OR CREMATORY Union Methodist Cemetery
LOCATION (City, town, or county) Swan Creek, (State) Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 17-1953
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Elmer E Bullock, ADDRESS Havre de Grace, Md.

Gerald C Palmer Deputy Medical Examiner for Harford County 8/15/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. . . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md; LENGTH OF STAY (In this place) 3 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lester (Middle) F. (Last) Osborne

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH: Jany 7/1894

9. AGE last birthday: 59 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Truck Driver

11. BIRTHPLACE (State or foreign country): Sparta N.C

12. CITIZEN OF WHAT COUNTRY: U.S

13. FATHER'S NAME: Noah Osborne

14. MOTHER'S MAIDEN NAME: Mary J Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.: 236-05-0859

17. INFORMANT AND ADDRESS: Mrs Dora J. O Wilkinson Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suicide by hanging — Interval between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ; 19b. MAJOR FINDINGS OF OPERATION: ; 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): Bel Air (COUNTY): Harford (STATE): Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: 8/2/53 830 A m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Hanged self

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co Bel Air Md 8/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Aug 4/53; NAME OF CEMETERY OR CREMATORY: Bel Air Memorial; LOCATION (City, town, or county) (State): Bel Air Md

DATE REC'D BY LOCAL REG. 8/3/53; REGISTRAR'S SIGNATURE: Ardella Fourroux

24. FUNERAL DIRECTOR: Joseph T Fallon; ADDRESS: Bel Air Md

VS. T

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Hanford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY Phila
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 1616 N. 17 St

3. NAME OF DECEASED (Type or Print): (First) MATTHEW (Middle) JAMES (Last) ROBERTSON
4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 1953
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 24
9. AGE last birthday: 29 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rail Road
10b. KIND OF BUSINESS OR INDUSTRY: Boston Labor
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Marshall Robertson
14. MOTHER'S MAIDEN NAME: Mary Mayo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Marshall Robertson, Phinix Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812x Immediate cause (a) Cerebral Hemmorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Internal injuries

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Route 40
(CITY OR TOWN) Perryville Rural (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 23 (Year) 53 (Hour) 11-15 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by truck on highway

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X suicide ___, homicide ___, undetermined ___.*

SIGNATURE: R C Dodson MD (Degree or title) D M E
ADDRESS: Rising Sun Md
DATE SIGNED: 8/24/53

BURIAL, CREMATION, MOVAL (Specify): Burial
DATE THEREOF: 8/24/53
NAME OF CEMETERY OR CREMATORY: Charlotte Court House Va.
LOCATION (City, town, or county) (State): Charlotte Va.

DATE REC'D BY LOCAL REG.: AUG. 25, 1953
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
24. FUNERAL DIRECTOR: Pennington Bros
ADDRESS: Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen, Md.
STREET ADDRESS (If rural, give location): 433 W. Bel Air, Ave.

3. NAME OF DECEASED (Type or Print) (First) Schindel (Middle) E (Last) Sarah.
4. DATE OF DEATH (Month) Aug. (Day) 12 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8-9-1864
9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joseph Leiter
14. MOTHER'S MAIDEN NAME: Rosana Masters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: George L. Schindel; (same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebro-Vascular Accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-sclerosis

(c) Advanced Age

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953, to Aug 12, 1953, that I last saw the deceased alive on Aug 12, 1953, and that death occurred at 9:05 A.m., from the causes and on the date stated above.

SIGNATURE: A. I. Sandecki (Degree or title) M.D. — ADDRESS: Bel Air Md — DATE SIGNED: X.12.53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 14-53 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.
DATE REC'D BY LOCAL REG.: Aug. 14-53 — REGISTRAR'S SIGNATURE: Nellie R. Perry — 24. FUNERAL DIRECTOR: W. T. Norment — ADDRESS: Hagerstown Md.

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BUREAU V. S.

Items 2&3 Film G157 9-10-53 L.
8&11

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mar Hanna de Grace — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA. Unknown — COUNTY V
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Brighton
STREET ADDRESS (If rural, give location) 2511 Concourse St.

3. NAME OF DECEASED (Type or Print) (First) Unknown (Middle) D (Last) Walter R. Snowden

4. DATE OF DEATH (Month) August (Day) 17 (Year) 1953

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Unknown
8. DATE OF BIRTH Unknown 1895
9. AGE last birthday 65 yrs. — If under 1 year: Months 11, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Unknown Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arteriosclerotic C V disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD. Deputy Medical Examiner, Harford County Bel Air Md. 8/17/53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8/18/53
NAME OF CEMETERY OR CREMATORY Anatomy Board
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. Aug. 18-1953
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Cunningham & Son Hanna de Grace Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY HARFORD — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELAIR — MARYLAND — LENGTH OF STAY (in this place) 2 DAYS — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY CECIL — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST — STREET ADDRESS (If rural, give location) 27X-7

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) M (Last) Spann

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 03-10-1899

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM WORKER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): DALLAS TEXAS

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM RICE SPANN

14. MOTHER'S MAIDEN NAME: REGINA McENNIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): NO

16. SOCIAL SECURITY No.: 217-18-5742

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9284 Immediate cause (a) Cerebral hemorrhage —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Middle meningeal artery hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Fair Ground | (CITY OR TOWN) Bel Air | (COUNTY) Harford | (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY 8/21/53 4 p.m. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Cow kicked him in head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Howard C Palmer M D Deputy Medical Examiner Harford Co. Bel Air Md. 8/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF Aug 25-1953 | NAME OF CEMETERY OR CREMATORY Immaculate Conception | LOCATION (City, town, or county) ELKTON | (State) Md

DATE REC'D BY LOCAL REG. 8/27/53 | REGISTRAR'S SIGNATURE Priscilla Foreword

24. FUNERAL DIRECTOR: Joseph P Hunt — ADDRESS North East Md

RECEIVED
AUG 31 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen X
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 USAH APG, MD X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen X
STREET ADDRESS (If rural give location) 311 East Court Road Chesapeake Gardens

3. NAME OF DECEASED: (Type or Print) (First) Gustav (Middle) W (Last) Stadig
4. DATE OF DEATH: (Month) August (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1/29/1912
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months 6 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): US Army
10b. KIND OF BUSINESS OR INDUSTRY: US Army
11 BIRTHPLACE (State or foreign country): North Dakota
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Emmy F. Forsgren

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) May 1, 1931 to 16 Aug 53
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Military Personnel Aberdeen Proving Ground, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Cardiac Arrest with Respiratory failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary occlusion DUE TO

(c)

Interval Between Onset And Death: 15 min.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from~~ Pt. Was D.O.A., ~~19~~, ~~that I last saw the deceased alive on~~ ....., 19 ...., and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE Lt. Joel P. Smith (Degree or title) M.C. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8/20/53 NAME OF CEMETERY OR CREMATORY Arlington Md. LOCATION (City, town, or county) Arlington Va. (State)
DATE REC'D BY LOCAL REGISTRAR Aug. 18-1953 REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Cunningham & Son Havre de Grace, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
AUG 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED (Type or Print) (First) Juanita (Middle) Dessa (Last) Stemple
4. DATE OF DEATH (Month) 8 (Day) 9 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Jan. 25 1930
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pulaski County, Va. 43
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edgar Duncan
14. MOTHER'S MAIDEN NAME Effie Hollingsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 221-18-5007
17. INFORMANT Fred Stemple Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

672X

Immediate cause (a) Post partum, hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) c̄ Cardiac [illegible] intermittently

(c) [illegible] cardiac massage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1953, to Aug. 9, 1953, that I last saw the deceased alive on Aug. 9, 1953 and that death occurred at 10:43 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD ADDRESS Rising Sun, Md DATE SIGNED 8/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/13/53
NAME OF CEMETERY OR CREMATORY Brookview
LOCATION (City, town, or county) Rising Sun (State) Md.

DATE REC'D BY LOCAL REG. Aug. 11-53
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Ralph M Reed, Rising Sun, Md ADDRESS

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AUG 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 121

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Law Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 202 Law Street

3. NAME OF DECEASED (Type or Print): (First) Albert — (Middle) — (Last) Thomas

4. DATE OF DEATH: (Month) Aug (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Aug 25-1873

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed Builder

10b. KIND OF BUSINESS OR INDUSTRY: Boat yard

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Thomas

14. MOTHER'S MAIDEN NAME: Alice Figdon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 220-03-1008

17. INFORMANT AND ADDRESS: Walter E. Thomas - Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

322X Immediate cause (a) CEREBRAL THROMBOSIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) GENERALIZED ARTERIOSCLEROSIS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 15, 1949, to AUG 29, 1953, that I last saw the deceased alive on AUG 29, 1953, and that death occurred at 9:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Brown McDonald, M.D. Aberdeen, Md. 9-1-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: Aug 31-1953 | NAME OF CEMETERY OR CREMATORY: Grove Presby Cemetery | LOCATION (City, town, or county) (State): Aberdeen Md.

DATE REC'D BY LOCAL REG.: Aug 31-53 | REGISTRAR'S SIGNATURE: Helen M. Perry | 24. FUNERAL DIRECTOR: John T. Darrin | ADDRESS: Aberdeen Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A

1 PLACE OF DEATH: COUNTY Harford — Maryland MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 53 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace — STREET ADDRESS (If rural give location) 328 N. Adams

3. NAME OF DECEASED: (Type or Print) (First) Myrtle (Middle) Allen (Last) Walker

4. DATE OF DEATH: (Month) 8/2/53 (Day) (Year) 19

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow — 8. DATE OF BIRTH: 6/16/1880 — 9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months 1 Days 17 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Home Wife — 10b. KIND OF BUSINESS OR INDUSTRY: None — 11. BIRTHPLACE (State or foreign country): Virginia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Allen — 14. MOTHER'S MAIDEN NAME: Margaret ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT & ADDRESS: Mrs. Herman Schweers, Havre de Grace

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause	(a)	Congestive Heart Failure	2 wks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Hypertension	3 years
	DUE TO (c)	Cirhosis of Liver	2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to Aug 2, 1953, that I last saw the deceased alive on Aug 2, 1953, and that death occurred at 11:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) David D. Doles M.D — ADDRESS Havre de Grace, Md — DATE SIGNED 8/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/6/53 — NAME OF CEMETERY OR CREMATORY Angel Hill — LOCATION (City, town, or county) Havre de Grace, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Aug 6-1953 — REGISTRAR'S SIGNATURE C. L. Lewis M.D. — 24. FUNERAL DIRECTOR Pennington & Son — ADDRESS Havre de Grace, Md

RECEIVED
AUG 10
BUREAU V. S.

Item #9 Talbot 2158-9/10/53-mal

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Talbot; Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hane de Grace; LENGTH OF STAY (in this place) 9 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Maryland Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hane de Grace; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Silas (Middle) P (Last) Warden Jr.

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 31. 1919

9. AGE last birthday: 34 yrs. If under 1 year: Months —; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiting Tender Helper

10b. KIND OF BUSINESS OR INDUSTRY: Warden Ferry Line

11. BIRTHPLACE (State or foreign country): West Va.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Silas P. Warden Sr.

14. MOTHER'S MAIDEN NAME: Martha O. Dillman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY No. Unknown

17. INFORMANT AND ADDRESS: Sgt H.C. Warden Warden Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphixia due to drowning — Interval Between Onset and Death —

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ; 19b. MAJOR FINDINGS OF OPERATION ; 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Susquehanna River (CITY OR TOWN) Hane de Grace (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 8/29/53 4:30 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Fell off boat

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M D Deputy Medical Examiner Harford Co. Bel Air Md. 8/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 9/3/53; NAME OF CEMETERY OR CREMATORY Woodlawn; LOCATION (City, town, or county) (State) North Fork W. Va.

DATE REC'D BY LOCAL REG. Aug 31-1953; REGISTRAR'S SIGNATURE A. L. Lewis M.D.; 24. FUNERAL DIRECTOR ADDRESS Young & Son Havre de Grace Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-15A

RECEIVED
SEP 2
BUREAU V. S.

Item #9 - Film R 138 - 9/53 - mm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Parsons Run RD #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural #1.
STREET ADDRESS (If rural, give location) Paradise Road.

3. NAME OF DECEASED (Type or Print) (First) Augusta (Middle) M. (Last) Welsh
4. DATE OF DEATH (Month) Aug. (Day) 25 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 26 - 1953
9. AGE last birthday 93 - 92 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME Alfred Burbott
14. MOTHER'S MAIDEN NAME Charlotte Budnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Nora E. Heinz - Aberdeen RD #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) High Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 wk

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach with Metastases — 6 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5-22-53
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach with Metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1947, to Aug 25, 1953, that I last saw the deceased alive on July 16, 1953, and that death occurred at 11:50 A.m., from the causes and on the date stated above.

SIGNATURE Peter J. Rodman, M.D. (Degree or title) ADDRESS Aberdeen Md. DATE SIGNED 8-27-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 28-1953
NAME OF CEMETERY OR CREMATORY Bakers Cemetery
LOCATION (City, town, or county) Aberdeen Md. (State)

DATE REC'D BY LOCAL REG. Aug. 28-1953
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR John G. Farring ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1 T

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bel Air X
LENGTH OF STAY (in this place) 48 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) W. (Last) Wildason

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Jan. 2, 1879

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Proprietor

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ambrose Wildason

14. MOTHER'S MAIDEN NAME: Susana Flickinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Mrs. Martha E. Wildason, Bel Air Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Hemiplegia, left — Interval Between Onset And Death: 8 months

DUE TO Arteriosclerotic CV disease — 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953 to Aug 18, 1953 that I last saw the deceased alive on Aug 11, 1953, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gerald C Palmer M.D. — ADDRESS Bel Air Md. — DATE SIGNED 8/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 21, 1953 — NAME OF CEMETERY OR CREMATORY Mt. Zion, — LOCATION (City, town, or county) (State) Fountain Green, Harford, Md.,

DATE REC'D BY LOCAL REGISTRAR 8/24/53 — REGISTRAR'S SIGNATURE Priscilla Fonwood

24. FUNERAL DIRECTOR ADDRESS Howard K. Mc Comas & Son, Abingdon, Md.,

VS-A15

RECEIVED
AUG 26 1953
BUREAU V. S.

Item 1: funeral director's statement 9-30-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07893

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: HARFORD
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Conowingo Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 00-01-4
STREET ADDRESS (If rural give location) 1112 Bonaparte Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) (NANCY) NANNIE S. WILLIAMS

4. DATE OF DEATH: (Month) (Day) (Year) August 9 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Dec 7 - 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Randolph Archer
14. MOTHER'S MAIDEN NAME: Arabelle Lutton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. James Boyd - 1200 Evesham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.2 Immediate cause	(a) CORONARY OCCLUSION	15 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cardio-Vascular Disease, chr.	?
	DUE TO (c) Metastatic Carcinoma - Primary Site - Breast	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1952, to Aug 9, 1953, that I last saw the deceased alive on Aug 3, 1953, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hedson, M.D. ADDRESS Bel Air DATE SIGNED 8/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 12-1953
NAME OF CEMETERY OR CREMATORY MT. OLIVET CEM
LOCATION (City, town, or county) BALTO (State) Md

DATE REC'D BY LOCAL REGISTRAR AUG 11 1953 REC'D
REGISTRAR'S SIGNATURE A.W. HEDRICH L
24. FUNERAL DIRECTOR Leonard J. Kuck ADDRESS 5305 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A157